



MSH

*wholcistic PT*

# GOALS & WELLNESS TRACKER

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S M T W T F S

DATE: \_\_\_\_\_

## HOW WAS YOUR SLEEP LAST NIGHT?



SLEEP SUPPORT? (MAG, MEL, CBD):  
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BOWEL MVMT:

MOVEMENT:

10,000 STEPS?  YES.  NO

## WATER INTAKE:



OTHER BEVERAGES:

PARASYMPATHETIC

MEDITATION  
DEEP BREATHING  
SOUND BATH  
SING/HUM/GARGLE  
HOT BATH/COLD SHOWER  
OTHER \_\_\_\_\_

DAY OF CYCLE: \_\_\_\_\_

## WHAT FOODS DO YOU EAT TO NOURISH YOUR BODY?

BREAKFAST:

LUNCH:

DINNER:

SNACK:

MOOD & ENERGY:

## HOW'S YOUR STRESS?



## WHAT ARE YOU GRATEFUL FOR

**SYMPTOMS:** ANYTHING NEW?  
CONSISTENT? CORRELATED TO FOOD  
OR SUPPLEMENTS?

SUPPLEMENTS:

WHAT PHASE ARE YOU IN ?

FOLLICULAR.

OVULATORY.

LUTEAL.

MENSES